

**N.H. EMERGENCY MEDICAL & TRAUMA SERVICES
COORDINATING BOARD**

Plymouth State University

APPROVED MINUTES OF MEETING

July 19, 2007

Members Present: Steve Achilles (Chair), Dave Dubey, Janet Houston, Don Johnson, Doug Martin (Vice Chair), Rick Mason, George Patterson, Michael Pepin, Suzanne Prentiss, David Strang, David Tauber

Members Absent: Eileen Bartlett, Al Burbank, David Duquette, David Hogan, Ken Howe, Terry LeBlanc, Karen Lord, Joseph Mastromarino, Jackie Normile, John Sutton

Guests: Claudia Anderson, Chris Beres, Eileen Clark, Chris Dubey, Jonathan Dubey, Jeanne Erickson, Steve Erickson, Jeff LaBlanc, Bill Taffe

Bureau Staff: Vicki Blanchard, Kathy Doolan, Shawn Jackson, Clay Odell, Mike Schnyder

I. CALL TO ORDER

Item 1. The meeting of the EMS & Trauma Services Coordinating Board was called to order at 1:05 PM by Chairman Steve Achilles, on July 19, 2007 at the Plymouth State University in Plymouth, NH.

II. ACCEPTANCE OF MINUTES – S. Achilles asked for comments on minutes. A motion to accept the minutes as written was made by D. Dubey and seconded by D. Johnson - all approved.

III. DISCUSSION ITEMS

Item 1. NHEMS Medical Control Board Report: (This agenda item was moved to the “Item 2” position and the Bureau Report was handled first)

Item 2. NHBEMS Report: S Prentiss, Bureau Chief – (moved to the first position on the agenda)

The Bureau Chief reported on the status of the **Berlin EMS Field Office** which will be on the move again from it's temporary space on Androscoggin Valley Hospital grounds up to the Technical College in Berlin where they will be housed until a permanent office can be found through the RFP process.

The **Program Specialist** position once held by Michelle Duchesne has been posted and applications will be reviewed with the hopes of filling this position very soon.

EMS Awards nomination deadline is looming (August 1, 2007) and the Bureau Chief asked that everyone look around within the EMS community and consider those in this line of work for one of the six annual awards.

Trauma System update – a number of projects are underway: Currently the **Trauma Plan** is being revised and the ACS standards changes are being analyzed to see how they will impact NH hospitals. The **Trauma Conference** is in the process of being finalized for the November 28, 2007 scheduled date. **Interfacility Transport** Task Force has been working with ALSI to put on a Critical Care Transport program and D> Taube will be putting on a Critical Care Paramedic Course this fall, sponsored by the University of Maryland at Baltimore. (A handout was distributed on this program)

Diversion Summit is scheduled for September 5, 2007 in Concord – this is a Coordinating Board initiative lead by Chairman Steve Achilles – interested parties will need to register.

Protocols & ALS – a color copy of the **2007 Version 2** Protocols have been distributed to all EMS Units. The Protocol Subcommittee will begin a new cycle with their first meeting on August 10, 2007. The **RSI education program** for Paramedics and assistants is being finalized, this training is available to those Units that meet the prerequisites. The Vascular Access via Central lines program is out for peer review, being prepared for release soon.

The **Education** database is up and running and customer service will be greatly improved because of this new tool. **Field Training Programs** are being planned for this fall/winter refresher training season in the EMS Regions. **The Fire & EMS Instructor Program** can now be taken in a modular format, various classes are currently scheduled. The new **Instructor Mentoring** program is receiving the final polishing with training to begin this fall and will give new Instructors training with experience Instructors with the goal of achieving the 20 hours of mentor time required.

TEMSIS – M. Schnyder to elaborate later in the meeting.

CBT – Two additional sites are still being worked on for the computer based National Registry testing. Granite State College and the Keene State site have chosen not to participate.

Paramedic Mentoring Program – This program has just started up, using LinWood Ambulance in Lincoln as its home base and matching up Paramedic Mentors with Paramedics with less experience for 60 hours – progress on this program will be reported.

(Please refer to the written report for complete EMS Bureau update)

Director Mason – reported that the phone system at the Division will soon be changing along with the e-mail system. Staff phone numbers, e-mail addresses and the physical address for the Academy will be changing – as soon as all is finalized the EMS/Fire Community will be updated.

He also discussed Coordinating Board appointment expiration dates and each representative should be keeping track of their expirations and the number of terms they have served (maximum of three consecutive terms by law).

Item 1. NHEMS Medical Control Board Report (Moved down a position on agenda): J. Mastromarino was not present to give the report from the morning meeting. S. Achilles gave an overview of the discussions and decisions that were made. Topics summarized: Wilderness Medicine Scope of practice issues and licensure questions raised – review of materials will be made and advice will be offered to the Bureau. All appropriate entities will be asked to participate. **[A side discussion broke out during the CB Meeting at this time on “What is a patient” – decision made to discuss this further – Bureau to research what other states have for definitions and get AG opinion / Achilles to discuss further with Prentiss before next meeting]** The MCB discussed the issue of appropriate time frame for Unit Providers to deliver patient information to the hospitals in the form of TEMSIS report. Also discussed was the meeting between the new Commissioner of Safety and the Board Chairs (McVicar/Achilles) and that he is working in the best interest of Fire and EMS. D. Martin reported that the protocol cycle has started and that any suggestions for change should be forwarded to the ALS Coordinator. S. Achilles reported that the MCB had requested a copy of the “Non-Approved” CB minutes be placed in their meeting folders and asked if the CB membership if they approved of the action – all approved.

(Please see the Medical Control Board Minutes of July 19, 2007 for complete details.)

Item 3. Institute of Medicine report status: C. Odell reported on the sub-committee’s work on prioritizing the recommendations given by the IOM (handout distributed) “A” category being items that the CB should look at

immediately and then move down the list to the “B” & “C” lists. Discussion then took place on how the sub-committee came to the conclusions that are listed. D. Tauber made special mention that on the “B” list, the third item “...state government adopt a common scope of practice for EMS...” – should be reviewed soon as the deadline for comments to the National EMS Education Standards at www.nemses.org / S. Prentiss stated that the New England Council, of which she is a part, is preparing comments for the national scope of practice.

D. Johnson raised the question about another “B” list items (Air Medical) and how other transportation devices such as water rescue craft fit in... S. Prentiss stated that it is currently not in the purview of the Bureau unless it is “routinely” used for patient transport – it may be that in the future a state agency will need to oversee such vehicles, but not at this time.

D. Martin asked about the fourth recommendation on the “A” list and felt that it was not as important as the Scope of Practice issue and asked the group to reconsider moving this to the “A” list. S. Achilles then asked the Board how they wanted to act on the big action items within this document? Other discussion was had concerning moving the priorities around and the group agreed that during the MCB meeting (9 A – 12 P) at the September 2007 meeting, this sub-committee, and all interested members, should reconvene to discuss this in more detail.

A motion was made and approved for this meeting to take place (9/20/07)

Item 4. Hospital Diversion Summit – S. Achilles reported that preparations for the upcoming Summit (9/5/07) are moving along. A maximum of 75 people will be in attendance at the Academy in Concord. Discussion will include topics on “what to do about diversions” and “how to reduce diversions” – the situation is becoming problematic and action needs to happen. J. Erickson thanked the Chair and Bureau for taking on this issue.

Item 5. TEMSIS report - Moved down in agenda

Item 6. National Registry Re-Entry Process – Moved down in agenda

Item 7. Annual EMS Awards Deadline – K. Doolan asked to have this item moved up on the agenda as she needed to leave the meeting and then reminded the group that the deadline for the annual awards was right around the corner as had been stated by the Bureau Chief, and that all in attendance needed to be in touch with the organizations they represent in order to submit nominations by the August 1, 2007 deadline!

Item 8.– Best Practices Document/Comments – K. Doolan (moved up on the agenda) The group was asked if they had any additional comments on the Best

Practices document presented at the July meeting. Two members of the Board had sent comment to Doolan and they will be incorporated. No other comments were received at the is meeting and the comment period is now closed until the document is sent out to all Units at which time appropriate updates will be made upon suggestion.

Item 5. TEMSIS report – (Moved from higher in the agenda) – **M. Schnyder** distributed handouts to the group giving an overview of the Research section and a second with Response times facts (1/1/07 – 6/30/07). Various questions arose on the response time facts and positive comments were made on M. Schnyders honesty with system problems that exist. The Bureau and F. von Recklinghouse were also commended for bringing electronic reporting to the state and that now it will be brought to a new level.

Item 6. National Registry Re-Entry Process – (Moved from higher in the agenda) – V. Blanchard & S. Prentiss reported on their findings from other states, the Paramedic Association and the EMT Association. The Bureau chief reported that the education requirements for Paramedics is much more extensive than “I’s” and “B’s”, the real issue is the time frame for allowing re-entry. J. LeBlanc, who was a Nationally Registered Paramedic in 1988 (NHTI), spoke on the issues he was concerned with – the cost of having to redo training and testing, when he had had it once. Many ideas and concerns and possibilities were discussed amongst the group, with some feeling as though no time limits should be set because of the need for Paramedics in the state. Others felt very strongly that some time limit should be set, and experience, during the time not certified, should be taken into consideration. Many felt that too many skills and knowledge is lost as time passes. S. Achilles asked the Board if they recommended a process for reentry? **G. Patterson made a motion that the Bureau accept the EMT-P Re-entry process as a legitimate process. D. Strang seconded.** Discussion took place concerning the ramifications of voting against this and reiteration of what the process could look like took place. The original question was moved and eight (8) members voted for accepting “A Process”, one chose to abstain. Specifics for the process to be created by the Bureau.

S. Achilles then asked the next part of the question concerning a clinical component requirement to the process. **The Board agreed that there should be a clinical requirement.** Discussion then took place on where the clinical time needed to be obtained, field and/or hospital. The majority agreed that either location, or a combination of the two was acceptable and that the review of the clinical time should be done by a NH approved EMT-P program.

D. Martin **moved to make 10 yrs**, with didactic and clinical requirements, the standard. G. Patterson seconded, then withdrew the second, D. Dubey seconded this. **Three members voted for, and four voted against this option.** Further discussion on the time limitations continued. The Bureau Chief then asked that a thirty (30) day time frame be placed on all comments to be forwarded to the

Bureau for consideration of the appropriate “time limit” for re-entry as a Paramedic. D. Dubey asked that the Bureau solicit comments from the Paramedic programs in the state.

Item 9. Items of Interest – Chairman Achilles thanked everyone for the input they gave during the last discussion and the action that was taken during the meeting. He appreciated that time was not wasted with a lot of rehashing of discussion.

IV. ADJOURNMENT

Motion was made by G. Patterson and seconded by D. Johnson to adjourn. Unanimous agreement was found and the meeting was adjourned at 4:35 PM.

V. NEXT MEETING

The next meeting will be on **September 20, 2007 at 1:00 PM** in Concord, NH – at the Academy.

[**Reminder:** anyone wishing to meet before the scheduled September meeting to discuss the prioritization of IOM items (Item #3) and the questions of “What is a patient?” and “Who should be licensed?” are welcomed (**10 A – 12 P**).]

Respectfully Submitted,

Suzanne M. Prentiss, Bureau Chief, EMS
(Prepared by K. Doolan, Field Services Coordinator)